

Enfield Recreation Department

"KOALA KIDS"

Preschool Camp

Be a part of the NEW ½ day "Koala Kids" Preschool Camp! This camp includes a wide variety of sports, arts & crafts, group games, free play and special events. Campers will be divided into groups according to age. **Camp is for children ages 4 to 6 years old.** Each session campers will have a special theme for the week. Campers will use the Angelo Lamagna Activity Center pool each morning for a swim lesson. A small snack will be provided. Limit 24 campers per session.

Location: Angelo Lamagna Activity Center

Schedule: 9:00a.m. - 12:00p.m. Campers should arrive at **9:00 a.m. SHARP** and be picked up at **12:00 p.m. SHARP.** Late fees will apply for those picked up late.

Session Schedule:

Session I: July 10-July 14

Session II: July 17-July 21

Session III: July 24-July 28

Session IV: July 31-August 4

Session V: August 7-August 11

Session VI: August 14-August 18



CAMP REGISTRATION INFORMATION

The Enfield Recreation Department will accept mail-in or walk-in registrations only. Please read the below information carefully. **NOTE:** Mail-in registration will be processed first. The Enfield Recreation Department is **NOT** responsible for lost or untimely mail delivery.

Resident Mail-In Registration

Deadline: June 2, 2006

Those registrations that meet the **June 2** deadline will be **processed at random after June 2**. Once registrations received by June 2 have been processed, all mail-in registrations received after this date will be processed, at random, on a daily basis until classes are full. Incomplete registration forms will **NOT** be processed until all items are received.

1. Complete registration form. Include alternate program, if appropriate.
2. Include a **separate** check or money order payable to the "**Enfield Recreation Department**" (unless otherwise noted in description) for each program requested. Individual checks or money orders will be returned for unavailable programs. Mail-in registrations received without payment will be returned.
3. Include a self-addressed stamped envelope so we may confirm your registration by mail. **NOTE:** If you have not received your confirmation a week after the registration deadline, please contact the Recreation Department.
4. Include a photocopy of proof of residency. Acceptable forms of ID are: valid driver's license, tax bill, utility bill, renter's/homeowner's agreement. **NOTE:** A check is not considered proof of residency.
5. Mail the registration form, check(s) or money order(s), self-addressed stamped envelope and proof of residency to:

*Enfield Recreation Department
Koala Kids Registration 2006
19 North Main Street
Enfield, CT 06082*

Walk-In Registration/Non-Resident Registration

The Recreation Department will accept walk-in and non-resident registrations beginning Monday, June 12 at the Recreation Office, Monday through Friday, 9:00a.m. – 5:00p.m., if space is available. **NOTE:** All resident mail-in registration that is received prior to June 12 will be processed before the June 12 walk-in/non-resident registration.

The parent or legal guardian must register their child. We will **not** accept notes allowing friends, grandparents, etc., to register a child. Registration will **not** be accepted before the initial registration date and phone registrations will **not** be accepted. All fees must be paid at the time of registration. Checks are made payable to the Enfield Recreation Department. A parent's or legal guardian's signature is required for all children's programs.

The Recreation Department welcomes persons with disabilities in all programs and services. Please call our office so that we will know how to best serve you.

ENFIELD RECREATION

KOALA KIDS REGISTRATION FORM
PLEASE COMPLETE *BOTH* SIDES OF FORM

CAMPER'S NAME: _____ **SEX:** _____ **AGE:** _____ **D.O.B.:** ____/____/____
ADDRESS: _____ **PHONE:** _____
SCHOOL (if applicable): _____

FATHER'S NAME: _____ **HOME PHONE:** _____
WORK PHONE: _____ **CELL PHONE:** _____

MOTHER'S NAME: _____ **HOME PHONE:** _____
WORK PHONE: _____ **CELL PHONE:** _____

IN CASE OF EMERGENCY (other than parent/guardian):

Contact Name Telephone Number

Contact Name Telephone Number

PLEASE CHECK SESSIONS DESIRED: please make out separate checks for each session

NOTE: All sessions run from 9:00a.m. to 12:00p.m. Monday through Friday

___ Session I: July 10-July 14	Resident	\$60	Non-Resident	\$75
___ Session II: July 17-July 21	Resident	\$60	Non-Resident	\$75
___ Session III: July 24-July 28	Resident	\$60	Non-Resident	\$75
___ Session IV: July 31-Aug 4	Resident	\$60	Non-Resident	\$75
___ Session V: Aug 7-Aug 11	Resident	\$60	Non-Resident	\$75
___ Session VI: Aug 14-Aug 18	Resident	\$60	Non-Resident	\$75

SESSION(S) TOTAL \$ _____ = GRAND TOTAL \$ _____

PLEASE MAKE SEPARATE CHECKS FOR EACH SESSION YOU ARE REGISTERING FOR.

**MAKE CHECKS PAYABLE TO
"ENFIELD RECREATION DEPARTMENT"**

MEDICAL INFORMATION

Is your child allergic to anything? YES _____ NO _____

If yes, to what? _____

Does your child take any medications?* YES _____ NO _____

If yes, what medications and are there any side effects the staff should be aware of?

Any medical conditions or special needs staff should be aware of? YES _____ NO _____

If yes, please explain in detail.

Does your child have any other special considerations related to behavioral needs which are not mentioned above and our staff should know about to help your child have a positive experience at camp? YES _____ NO _____

If yes, please explain in detail _____

***NOTE:** The Recreation Department is not certified or authorized to administer prescription or over-the-counter medications to campers. Any child requiring medication during camp hours must have a parent or legal guardian come to camp to administer their medication. Children are not allowed to self-administer their own medications or bring medications to camp. (Two exceptions to this rule are epi-pens and asthma medications. In this case, please see the Recreation Office for an additional form which must be completed by your doctor before camp begins.)

RELEASE AND WAIVER

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of Enfield, I hereby waiver and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting therefrom, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I, or my child, is in good physical and mental health and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

Participant/Parent/Legal Guardian Signature

Date

DID YOU INCLUDE THE FOLLOWING?

Separate Checks _____ Proof of Residency _____ Self-Addressed Stamped Envelope _____ Complete Form _____